



Richards R-V School District

2021/2022 Enrollment Forms

In accordance with State and Federal Law, this form authorizes the Richards R-V School District to request written and verbal information for the purpose of legitimate educational interests and planning for:

Name of Student: _____ DOB: _____

Address _____

Previous School Name: _____ Grade Last Attended: _____

(parent/guardian signature)

Date

FOR OFFICE USE

MOSIS information for Missouri Schools

Date of request: _____ Student will start when records have been received.

The following records are requested:

- ___ Cumulative school records including, but limited to:
- ___ MOSIS ID number _____
- ___ Standardized test
- ___ Health/Immunization Records
- ___ Attendance
- ___ Disciplinary Reports
- ___ Withdrawal Grades
- ___ Birth Certificate
- ___ Multi-Disciplinary Team Reports / Evaluation Reports (ER)
- ___ Individual Education Plan (IEP)
- ___ Section 504 Records and Plans
- ___ Psychological testing results
- ___ Speech/language/hearing results
- ___ Occupational therapy results
- ___ Physical therapy results
- ___ Other: _____

Records are requested from:

Records should be sent to:

School: _____

Attn: Mrs. Bryant, School Counselor

Fax: _____

Fax (417)256-3314

Email: tbryant@richardsschool.k12.mo.us

CONFIDENTIALITY STATEMENT: This fax and any attachments are intended only for those to which it is addressed and may contain information which is privileged, confidential and prohibited from disclosure and unauthorized use under applicable law. If you are not the intended recipient of this e-mail, you are hereby notified that any use, dissemination, or copying of this e-mail or the information contained in this e-mail is strictly prohibited by the sender. If you have received this transmission in error, please return the material received to the sender and delete all copies from your system.



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Date _____ Grade _____

STUDENT'S LEGAL NAME

(Last) _____ (First) _____ (Middle) _____

Student's Cell Phone # _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____ Age _____ Gender _____

Hispanic or Latino YES NO

Race: White Black Asian American Indian or Alaska Native Native Hawaiian/Other Pac Islander

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Will the child need transportation? YES NO

Choose all that apply: BUS BOYS AND GIRLS CLUB LEARNING TREE Parent Pick-Up

LEGAL GUARDIAN INFORMATION

Who has legal custody? Both Parents Father Mother Other _____

Are there legal documents concerning custody, educational decision making, etc. associated with this student? (If yes, documentation must be provided to the school) YES NO

Please mark the choice that applies to your household:

Not Military Connected Active Duty National Guard Reserve

Primary Guardian Name _____ **Employer** _____

Employer Phone _____ **Cell Phone** _____ **Home Phone** _____

Email Address _____ **Relationship to student** _____

Do you want access to the Parent Portal? YES NO

Primary Guardian Spouse _____ **Employer** _____

Employer Phone _____ **Cell Phone** _____ **Home Phone** _____

Relationship to student _____ **Email Address** _____

Do you want access to the Parent Portal? YES NO

Biological Parent not living in the household (if applicable) _____

Employer _____ **Employer Phone** _____ **Cell** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Email Address _____

Do you want access to the Parent Portal? YES NO

Students ARE allowed to leave school with individuals listed as Emergency Contacts.

Emergency Contact Name _____ **Phone** _____

Relationship to student _____ **Cell Phone** _____

Emergency Contact Name _____ **Phone** _____

Relationship to student _____ **Cell Phone** _____

SIBLINGS NAME **DOB** **Sex** **Grade** **School**



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DISCIPLINARY CONDUCT

Certifications Regarding Prior Disciplinary Conduct:

Is the Student currently under suspension or expulsion from another school or school district?

YES NO

Did the Student leave any school or school district within the last twelve (12) months under threat by such school or school district of suspension or expulsion?

YES NO

Has the Student been suspended or expelled in the past from attendance in another school or school district for violation of the school's policy related to weapons?

YES NO

Has the Student been suspended or expelled in the past from attendance in another school or school district for violation of the school's policy relating to alcohol, drugs or controlled substances?

YES NO

Has the Student been suspended or expelled in the past from attendance in another school or school district for violation of the school's policy relating to willful infliction of injury to another person or assault?

YES NO

Certifications Regarding Prior Criminal Conduct: (Please Check)

With respect to the following acts:

- First degree murder under section 565.020,RSMo.
- Second degree murder under section 565.021,RSMo.
- Kidnapping under section 565.110,RSMo.
- First degree assault under section 565-050,RSMo.
- Forcible sodomy under section 566.060,RSMo.
- Robbery in the first degree under section 569.020,RSMo.
- Distribution of drugs to a minor under section 195.212,RSMo.
- Arson in the first degree under section 569.040,RSMo.

Has the Student ever been convicted of any of these offenses? YES NO

Has the Student been indicted or had any information filed against him/her alleging that the Student has committed one or more of these acts, to which there has been no final judgment? YES NO

Has a petition been filed against the Student pursuant to section 211.091,RSMo, or any other state's juvenile code, alleging that the Student has committed one or more of these acts, to which there has been no final judgment? YES NO

Has the Student been adjudicated to have committed an act which if committed by an adult would be a violation of one or more of these acts? YES NO



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RESIDENCY

Does the student reside in Richards School District? YES NO

Last School Attended: _____ Last Date in School: _____

Birthplace City _____ State _____ If born out of US, where? _____

Entered USA Date: _____

Ethnicity: Is the student Hispanic or Latino Yes No

What is the student's race? (check one)

- White
- Black
- Asian
- American Indian or Alaska Native
- Native Hawaiian/Other Pac Islander

STUDENT INFORMATION

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Explain if it is a similar reason. Yes No

Explain: _____

2. Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? Yes No

3. Do you have reliable internet access at your home? Yes No

4. Does each child in the home have their own device? Yes No

5. Do you have cellular service at your home? Yes No

6. Are you currently residing in an emergency or transitional shelter? Yes No

7. Are you currently living in a temporary housing arrangement Yes No

8. Has the student been abandoned in a hospital? Yes No

9. Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? Yes No

10. Does the parent/guardian do seasonal farm work? Yes No

11. Does the student have an IEP? Yes No

Services Received LD ID ED Speech

12. Does the student have a medical 504 Plan? Yes No

13. Has the student been retained? Yes No

If so, what grade level? _____

14. Does the student have a medical diagnosis that the school should be aware of? Yes No

Explain _____



PARENT QUESTIONNAIRE

SCHOOL DISTRICT NAME	COUNTY-DISTRICT CODE
DISTRICT MIGRANT CONTACT	ENROLLMENT DATE

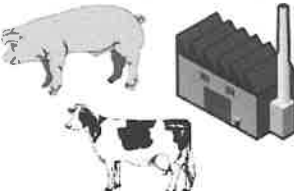






DIRECTIONS

Please complete the following survey information. Your child may be eligible for FREE additional educational services. If you answered yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for FREE additional educational services.

Mail the completed form to Migrant Education, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, MO 65102. Questions? Contact Grants and Resources at 573-526-6989.

RELOCATION HISTORY

Have you moved to the school district in the past three (3) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In any location within the last three (3) years, have you worked in the agriculture or fishing industries? If yes, please choose all that apply:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have not worked in the agriculture or fishing industries in the past, do you plan to engage in this type of work soon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last three (3) years have you worked or are you currently working in any of these areas? If so, which ones? (please circle)		

Pork, beef processing 	Milking Cows 	Nursery/Greenhouse 	Planting/Harvesting Crops 
Planting, harvesting or ginning cotton 	Chicken processing, feeding poultry, gathering eggs, working in a hatchery 	Harvesting and packing apples 	Other: Fruit and vegetable processing Potatoes Feeding livestock Growing, tending to and felling trees

PARENT INFORMATION

PARENTS/GUARDIANS			
ADDRESS	CITY	STATE	ZIP
HOME PHONE	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN HOME	DATE OF MOVE		

STUDENT INFORMATION

NAME OF CHILD	BIRTHDATE	SCHOOL BUILDING	GRADE

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator - Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480, telephone number 573-526-4757 or TTY 800-735-2966, email civilrights@dese.mo.gov



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In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English. Please provide information about the child's language.

Student's Name: _____ Date: _____

Grade: _____

Relationship of person completing this survey: _____

Tier 1: Language Background

1. What was your child's first language? English Other _____
2. Which language does your child use(speak) at home? English Other _____
3. Which language does your child hear at home and understand English Other _____

If any of these answers indicate a language other than English, please complete the rest of the survey. If not, discontinue.

Tier 2: Expanded Language Background

4. Does the student understand when someone speaks with him/her in a language besides English? YES NO
5. Does the student read in a language other than English? YES NO
6. Does the student write in a language other than English? YES NO
7. Does the student interpret for you or anyone else in a language other than English? YES NO

Tier 3: Educational History

8. How many years did the student attend school where the native language was used for instruction?

9. What was the most recent month and year that the student attended school? _____
10. Do you believe that your child has learning difficulties that affects his/her ability to understand?
If yes, please explain: _____
11. Has your child been referred to be evaluated for special education? If yes, please explain: _____



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The school is required to assess the English language proficiency of all students who indicate, or are suspected of having, a first language other than English. If the results of the assessment show a student needs language support, you will be notified in writing and the school district will provide language support as deemed appropriate by district staff.

The Missouri Course Access and Virtual School Program (MOCAP) has developed a catalog of virtual online courses for students. Beginning with the 2019-2020 school year, students will be able to take an entire course from any Internet-connected computer, available 24 hours a day, seven days a week. MOCAP's mission is to offer Missouri students equal access to a wide range of high quality courses, flexibility in scheduling, and interactive online learning. The Missouri Department of Elementary and Secondary Education (DESE) and the State Board of Education oversee administration and quality assurance activities such as related content and delivery of courses. Local Education Agencies (LEAs) that provide virtual education outside of MOCAP are responsible for ensuring alignment and other statutory requirements are met.

I certify that the information provided by me in this document, and other information which I have provided to the Richards R-V School District is true and correct. Furthermore, I understand that Section 167.020, RSMo. States as follows:

“Any person who knowingly submits false information to satisfy any requirement of (the residency requirements of the School District) is guilty of a class A misdemeanor.

In addition to any other penalties authorized by law, a district board may file a civil action to recover, from the parent or legal guardian of the pupil, the costs of school attendance for any pupil who was enrolled at a school in the district and whose parent or legal guardian filed false information to satisfy any (residency requirement of the School District).”

I understand that this means that if I provide false information to the School District in order to satisfy the information requests of the School District it may constitute a violation of Missouri criminal law. Additionally, I understand that this means that if any of the information provided by me herein is false. In addition to other penalties authorized by law, the School District may file a civil action to recover the costs of school attendance for the student who was enrolled in the School District on the basis of such false information.

Parent Signature

Date



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Student Health Information Update
Revised 04/2019

Name: _____ Grade: _____ Gender: _____ DOB: _____

Parent(s) or Guardian(s): _____

Home Phone: _____ Work and/or Cell Phones: _____

Doctor's name: _____ Date of last check-up: _____

Dentist's name: _____ Date of last check-up: _____

Eye doctor's name: _____ Date of last check-up: _____

This student has: No insurance Private health insurance Mo HealthNet Medicaid

Does your child:

Have trouble seeing? YES NO

Wear glasses? YES NO Wear contact lenses? YES NO

Have trouble hearing? YES NO Wear a hearing aid? YES NO

Does your child take medicine (over-the-counter or prescription) regularly at home? YES NO

If yes, please list:

Name: _____ Dosage: _____

Reason taken:

Will your child be taking routine/daily medicine at school? YES NO

If yes, please list:

Name: _____ Dosage: _____

Reason taken:

*** Medicine to be given at school must be brought to the nurse's office by the parent or guardian. It must be in the original bottle with the prescription label attached. Ask the pharmacy for a second bottle when filling any prescription medicine to be given during school hours. The parent or guardian must sign a form for any medicine to be given at school. ***



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Does your child have:

Insect Sting Allergy: YES NO Describe reaction: _____
Difficulty breathing: YES NO Emergency medication: YES NO
Does child have any Epi-Pen? YES NO If yes, please bring to school.

Allergies: YES NO What is child allergic to (drugs, food, environmental allergens)?
List: _____ Describe reaction: _____
Has allergy required emergency action in the past? YES NO
Does child have any Epi-Pen? YES NO If yes, please bring to school.

Asthma: YES NO Triggered by: _____ Treatment/Medication: _____
Diagnosed by doctor: YES NO Date diagnosed: _____
Does child use a rescue inhaler? YES NO If yes, please bring to school.

Diabetes: YES NO Taking insulin: YES NO Other medication: _____
Diagnosed by doctor: YES NO Date diagnosed: _____

Epilepsy/Seizures: YES NO Type of seizure: _____
Date of last seizure: _____ Medication: _____
Currently under a doctor's care for seizures? YES NO
If so, doctor's name: _____

Heart Condition: YES NO Describe: _____
Any physical restrictions: _____ Medication: _____

Bone/Joint Problem: YES NO Describe: _____
Any physical restrictions: _____ Medication: _____

Mental Health: YES NO Describe: (i.e. ADD/ADHD, anxiety/depression, mood disorders,
emotional/psychiatric problems)

Diagnosed by doctor: YES NO Date diagnosed: _____

Counselor/Caseworker: YES NO If so, counselor's name: _____
Medication: _____

Other Illness, Injury or Surgery: YES NO
Describe: _____



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Special Education or Services student receives: IEP ___ OT ___ PT ___ Speech/Language ___

Counseling ___

Requires special health care (explain):

Parent Permission to Administer Over-the-Counter Medications

Please indicate which of the following medications for which you are giving permission to be administered:

- Acetaminophen** (Tylenol). Administered every 6 hours at the manufacturer's recommended dosage for pain or fever.
- Antacid** (Tums). One or two routine doses per day for heartburn, indigestion or upset stomach.
- Calamine lotion**. For irritated, itchy skin associated with poison ivy, oak or sumac.
- Campho-phenique**. For minor skin wounds and insect bites/stings.
- Hydrocortisone Cream**. Up to three times daily for minor skin irritation, inflammation or rashes.
- Eye Drops**. For dry eyes.
- Salt Water Gargle**. One teaspoon of salt to four ounces of water for gargle and spit every four hours as needed for sore throat or canker sores.
- Skin Wounds**. Cleanse with soap and water/peroxide and apply antibiotic ointment and dressing.
- Splinters**. Remove splinters aseptically.
- Sunscreen**. Apply as needed prior to sun exposure.
- Vaseline**. For chapped lips as needed.
- Cough drop**. One to two per day as needed for cough or throat irritation.

Signature of Parent or Guardian: _____ Date: _____